

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90015 038 ****50.00

DOCUMENT # M01000002819

1. Entity Name

PHYSICIANS REHABILITATION INSTITUTE I, L.L.C.



Principal Place of Business

Mailing Address

~~2901 DALLAS PKWY. STE #345, LB15~~
~~PLANO TX 75093~~

~~2901 DALLAS PKWY. STE #345, LB15~~
~~PLANO TX 75093~~

2. Principal Place of Business

5212 Village Creek DR.
Suite, Apt. #, etc.

3. Mailing Address

5212 Village Creek DR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

PLANO, TX

City & State

PLANO, TX

4. FEI Number **75-2941796**

Applied For

Not Applicable

Zip
75093

Country
USA

Zip
75093

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, MICHAEL D
365 W. 49TH STREET
HALEAH FL 33012

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SCOTT, THOMAS D
2901 DALLAS PARKWAY, SUITE 345
PLANO TX 75093

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-20-03 972-931-3800

Date

Daytime Phone #

CR2E083 (10/02)